

DONALD R. SCHIEVE, M.D.

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September 12, 2005

**Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ. 85258-5514**

**Re: AMB v. DONALD R. SCHIEVE, M.D.
Case Number: MD-04-1520A**

Dear Sirs:

Concerning your advisory letter in the above-referred matter please note that I take full responsibility for failure to record and enter ocular pressure as I am quite sure that I, in fact, did take that pressure; however, since it was not recorded this is an obvious error I take responsibility for this.

The Board should be informed that in the matter of intraocular pressures, this is not an end-all in the diagnoses of glaucoma. I have treated glaucoma with surgery and laser for many years and I do feel that I have a better than average understanding of this tragic disease. The best single screening test of glaucoma is a good look at the optic nerve by an experienced person who understands what a diseased nerve looks like and is able to separate it from normal anatomic variations.

In addition, I must point out that a significant number of people who actually have open angle glaucoma, at some time during the day, as there is a wide diurnal variation, have a normal pressure. Of course, the fact that they have a normal pressure obviously does not mean that they do not have glaucoma; however, I have seen, over the years, several cases in which patients were told they did not have glaucoma as their pressure was normal, and on their next visit to me one year later, they had obvious far advanced glaucoma.

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Happily, there is a solution to early diagnosis of glaucoma and that is as laser topography and evaluation of retinal nerve fiber layers becomes more available and less expensive, we will no longer have to rely on conventional methods to diagnose and treat this condition.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "D. Schieve", followed by a stylized flourish or monogram.

DONALD R. SCHIEVE, M.D.

/ms

encl.